

SERFF Tracking Number: MANU-126736915 State: Arkansas  
 Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 46342  
 Company Tracking Number: NB5000USR (06/2010)& NB5139US (06/2010)  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: NB5000USR (06/2010)& NB5139US (06/2010)  
 Project Name/Number: NB5000USR (06/2010)& NB5139US (06/2010)/NB5000USR (06/2010)& NB5139US (06/2010)

## Filing at a Glance

Company: John Hancock Life Insurance Company (U.S.A.)

Product Name: NB5000USR (06/2010)& NB5139US (06/2010) SERFF Tr Num: MANU-126736915 State: Arkansas

TOI: L08 Life - Other SERFF Status: Closed-Approved- Closed State Tr Num: 46342

Sub-TOI: L08.000 Life - Other Co Tr Num: NB5000USR State Status: Approved-Closed (06/2010)& NB5139US (06/2010)

Filing Type: Form Reviewer(s): Linda Bird  
 Authors: Helene Landow, Karren Phair, Debbie Tom, Jacqueline Lau Disposition Date: 08/04/2010  
 Date Submitted: 07/28/2010 Disposition Status: Approved-Closed

Implementation Date Requested: Implementation Date:  
 State Filing Description:

## General Information

Project Name: NB5000USR (06/2010)& NB5139US (06/2010)	Status of Filing in Domicile:
Project Number: NB5000USR (06/2010)& NB5139US (06/2010)	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 08/04/2010	Explanation for Other Group Market Type:
	State Status Changed: 08/04/2010
Deemer Date:	Created By: Jacqueline Lau
Submitted By: Jacqueline Lau	Corresponding Filing Tracking Number:
Filing Description:	
INDIVIDUAL LIFE	
Application Form NB5000USR (06/2010) – Application for Life Insurance	
Application Form NB5139US (06/2010) – Coverage Details	

We are submitting the above new application forms for your approval. These forms will be used with state approved Individual Life policies. These new forms do not replace any currently approved forms. The forms will be available

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electronically without change in the pre-formatted content.

No part of this filing contains any unusual or controversial items that deviate from normal company or industry standards.

NB5000USR (06/2010), Application for Life Insurance, will be the main application form used to apply for single and survivorship Individual Life Insurance policies.

Form NB5139US (06/2010), Coverage Details, will be used to obtain coverage details for available benefits and options. This supplemental form will be used with the Application for Life Insurance and will only be used in scenarios where an applicant is applying for more than one policy at once.

The Service Office address, the Flexible Premium and Fixed Premium Products selections under the Coverage Details are being filed as variable information [shown in brackets] to accommodate future changes.

We trust these forms are acceptable to you and look forward to your state's approval in the usual manner. If you have any questions or concerns, please contact me at 416-852-7906 (collect) or via e-mail at jacqueline\_lau@jhancock.com.

## Company and Contact

### Filing Contact Information

Jacqueline Lau, Contract Analyst  
200 Bloor St E  
Toronto, ON M4W 1E5  
Jacqueline\_Lau@jhancock.com  
416-852-7906 [Phone]  
416-926-3121 [FAX]

### Filing Company Information

John Hancock Life Insurance Company  
(U.S.A.)  
P. O. Box 600  
Contracts and Compliance  
Buffalo, NY 14201-0600  
(416) 926-3000 ext. [Phone]  
CoCode: 65838  
Group Code: 904  
Group Name:  
FEIN Number: 01-0233346  
State of Domicile: Michigan  
Company Type: insurance/financial  
State ID Number:

## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No

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Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (U.S.A.)	\$100.00	07/28/2010	38335162

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/04/2010	08/04/2010

*SERFF Tracking Number:*      *MANU-126736915*                      *State:*                      *Arkansas*  
*Filing Company:*              *John Hancock Life Insurance Company (U.S.A.)*      *State Tracking Number:*              *46342*  
*Company Tracking Number:*      *NB5000USR (06/2010)& NB5139US (06/2010)*  
*TOI:*                      *L08 Life - Other*                      *Sub-TOI:*                      *L08.000 Life - Other*  
*Product Name:*              *NB5000USR (06/2010)& NB5139US (06/2010)*  
*Project Name/Number:*              *NB5000USR (06/2010)& NB5139US (06/2010)/NB5000USR (06/2010)& NB5139US (06/2010)*

## **Disposition**

Disposition Date: 08/04/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Statement of Variability		Yes
Form	Application for Life Insurance		Yes
Form	Coverage Details		Yes

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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	NB5000US R (06/2010)	Application/ Enrollment Form	Initial		0.000	NB5000USR (06-2010).pdf
	NB5139US (06/2010)	Application/ Enrollment Form	Initial		0.000	NB5139US (06-2010).pdf



LIFE INSURANCE

Service Office:  
Life New Business  
197 Clarendon Street  
Boston MA 02116-5010

**Application for Life Insurance**  
**John Hancock Life Insurance Company (U.S.A.)**  
(hereinafter referred to as The Company)

Print and use black ink. Any changes must be initialed by the Proposed Life Insured(s) and Owner.  
Use the Additional Information/Special Requests section for additional space or special requests if required.

**PROPOSED LIFE INSURED LIFE ONE**

1. a) Name First Middle Last <b>JOHN M. DOE</b>			b) Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
c) Date of Birth Month Day Year <b>0 1 0 4 1 9 6 7</b>		d) Place of Birth State Country <b>ANYTOWN USA</b>		e) Social Security Number <b>1 2 3 4 5 6 7 8 9</b>
f) Telephone Nos. Home <b>905 123-4567</b> Business <b>905 234-5678</b>		g) E-mail Address <b>johndoe@hotmail.com</b>		
h) Driver's License No. <b>1234567890</b>		i) Citizenship <input checked="" type="checkbox"/> US <input type="checkbox"/> Other - give details:		
j) Primary Residence Street Address City State Zip Code <b>1999 MARCH STREET ANYTOWN, ANYSTATE 12345</b>		k) Total years at this address <b>5</b>		
l) Do you have a secondary residence? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - provide address including zip code and months per year at this address in Additional Information Q 37.		m) Occupation <b>COMPANY PRESIDENT</b> <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Unemployed		
n) Employer <b>ABC COMPANY</b>				
o) Gross Annual Income Earned \$ <b>300,000</b> Unearned \$ <b>100,000</b>		p) Net Worth <input checked="" type="checkbox"/> Personal \$ <b>2.6 M</b> <input type="checkbox"/> Joint with spouse <b>Financial Supplement for Personal Insurance NB5125 may be required.</b>		
q) Purpose of Insurance <input checked="" type="checkbox"/> Estate Conservation <input type="checkbox"/> Business Insurance - complete Business Insurance section Q 38 <input type="checkbox"/> Wealth Transfer <input type="checkbox"/> Income Replacement <input type="checkbox"/> Other - give details:				
r) In the last 5 years, has the Proposed Life Insured or any business of which he/she is a partner/owner/executive been bankrupt, had any liens, judgements or other similar financial difficulties? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - give details:				

**PROPOSED LIFE INSURED LIFE TWO**

2. a) Name First Middle Last			b) Sex <input type="checkbox"/> M <input type="checkbox"/> F	
c) Date of Birth Month Day Year		d) Place of Birth State Country		e) Social Security Number
f) Telephone Nos. Home Business		g) E-mail Address		
h) Driver's License No. State		i) Citizenship <input type="checkbox"/> US <input type="checkbox"/> Other - give details:		
j) Primary Residence (if different from Life One) Street Address City State Zip Code		k) Total years at this address		
l) Occupation <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Unemployed		m) Employer		
n) Gross Annual Income Earned \$ Unearned \$		o) Net Worth (if different from Life One) \$ <input type="checkbox"/> Personal <input type="checkbox"/> Joint with spouse		
p) In the last 5 years, has the Proposed Life Insured or any business of which he/she is a partner/owner/executive been bankrupt, had any liens, judgements or other similar financial difficulties? <input type="checkbox"/> No <input type="checkbox"/> Yes - give details:				



**OWNER - List additional Owners and details in Additional Information Q 37**

3. Who is the Owner? ☒ Proposed Life Insured One ☐ Proposed Life Insured Two ☐ Business Partner  
☐ Trust ☐ Trust to be Established ☐ Employer  
☐ Other - give relationship to Proposed Life Insured(s) \_\_\_\_\_

4. If the Owner is a Non US Person or a Non Resident Alien, will the IRS Form W-8BEN be submitted? ☐ Yes ☐ No

**Provide details below, if other than Proposed Life Insured(s). If Trust Owner, complete the Trust Certification PS5101. Trust Agreement may be required.**

5. a) Name _____		b) Date of Birth/Trust Date Month Day Year 	
c) Address Street Address _____ City _____ State _____ Zip Code _____			
d) Social Security/Tax ID Number (if applicable) _____		e) E-mail Address _____	
6. Multiple Owners - Type of Ownership <input type="checkbox"/> Joint with right of Survivorship <input type="checkbox"/> Tenants in common			

**BENEFICIARY INFORMATION - Subject to change by Owner. (List additional beneficiaries in Additional Information Q 37)**

7. a) Name <b>JAMES M. DOE</b>	<input checked="" type="checkbox"/> Primary	Relationship to Proposed Life Insured(s) <b>SON</b>	Percentage <b>100 %</b>
b) Name _____	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Relationship to Proposed Life Insured(s) _____	Percentage _____%

**COVERAGE DETAILS - Refer to your illustration for riders and benefits selected**

8. <b>PRODUCT NAME</b> <b>JH UNIVERSAL LIFE</b>	
9. <b>FLEXIBLE PREMIUM PRODUCTS</b> <input checked="" type="checkbox"/> <b>Universal Life</b> <input type="checkbox"/> <b>Variable Universal Life</b> - complete <b>Fund Allocation NB5136</b> a) <input checked="" type="checkbox"/> Single Life <input type="checkbox"/> Survivorship b) Base Face Amount \$ <b>250,000</b> Supplemental Face Amount \$ _____ <input type="checkbox"/> Level <input type="checkbox"/> Increasing by: _____ % for _____ Years <input type="checkbox"/> Customized Increasing Schedule - complete <b>Customized Schedule NB5064</b> c) Death Benefit Option <input checked="" type="checkbox"/> Option 1 (Face Amount/TFA) <input type="checkbox"/> Option 2 (Face Amount/TFA plus Policy Value) d) Life Insurance Qualification Test <input checked="" type="checkbox"/> Guideline Premium <input type="checkbox"/> Cash Value Accumulation e) Riders and Benefits (if applicable) <input checked="" type="checkbox"/> Policy Protection Rider (PPR) <input type="checkbox"/> PPR Flex <input type="checkbox"/> PPR Quick <input type="checkbox"/> PPR Enhanced <input type="checkbox"/> PPR Cash Value Advantage <input type="checkbox"/> Extended No Lapse Guarantee <input type="checkbox"/> Long-Term Care Rider (complete <b>NB5018</b> ) <input type="checkbox"/> Return of Premium Rider (DB 1 only) <input type="checkbox"/> Long-Term Care Continuation Rider Percentage of premiums to be returned at death (Whole numbers only. Maximum 100%) _____ % <input type="checkbox"/> Overloan Protection Rider <input type="checkbox"/> Disability Waiver of Monthly Deductions <input type="checkbox"/> Cash Value Enhancement <input type="checkbox"/> Disability Payment of Specified Premium <input type="checkbox"/> Accelerated Death Benefit (for terminal illness) <input type="checkbox"/> Monthly Specified Amount \$ _____ <input type="checkbox"/> Estate Preservation Rider (Four Year Term) <input type="checkbox"/> Policy Split Option <input type="checkbox"/> Other _____	
10. <b>FIXED PREMIUM PRODUCTS</b> <input type="checkbox"/> <b>Whole Life</b> <input type="checkbox"/> <b>Term 10</b> <input type="checkbox"/> <b>Term 15</b> <input type="checkbox"/> <b>Term 20</b> <input type="checkbox"/> <b>Survivorship Term</b> a) Face Amount \$ _____ b) Whole Life Pay Options <input type="checkbox"/> Full - Pay <input type="checkbox"/> Limited - Pay <input type="checkbox"/> 10 - Pay <input type="checkbox"/> 15 - Pay <input type="checkbox"/> 20 - Pay <input type="checkbox"/> Single - Pay c) Riders and Benefits (if applicable) <input type="checkbox"/> Total Disability Waiver <input type="checkbox"/> Conversion Extension Rider (T15 & T20 only) <input type="checkbox"/> Accelerated Death Benefit (for terminal illness) <input type="checkbox"/> Automatic Premium Loan (if available) <input type="checkbox"/> Long-Term Care Rider (complete <b>NB5018</b> ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Long-Term Care Continuation Rider	
11. If an additional or optional policy is being applied for by the Owner in a separate application, state plan and face amount. Plan Name _____ \$ _____	

## PREMIUMS AND FUNDING INFORMATION

12. Frequency	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-Authorized Monthly Payment Plan (complete Q 43)
	<input type="checkbox"/> Other _____			
13. Do you understand that you may need to pay additional premiums in addition to the Planned Premium if the current policy charges or actual interest credited/investment performance are different from the assumptions used in your illustration (assuming the requirements of any applicable guaranteed death benefit feature have not been satisfied)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
14. Send Premium Notices and Correspondence to: (Select One)				
<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Proposed Life Insured One <input type="checkbox"/> Proposed Life Insured Two				
<input type="checkbox"/> Other First _____ Middle _____ Last _____ Relationship to Proposed Life Insured(s) _____				
Street Address _____ City _____ State _____ Zip Code _____				
15. Premium Source				
<input checked="" type="checkbox"/> Earned Income <input type="checkbox"/> Unearned Income <input type="checkbox"/> Loan (complete question 16)				
<input type="checkbox"/> Liquidating Assets - give details: _____				
<input type="checkbox"/> An individual and/or entity other than the Proposed Life Insured's employer - give details: _____				
<input type="checkbox"/> Settled Contracts - give details: _____				
<input type="checkbox"/> Other - give details: _____				
<b>Complete question 16, if premium source is a loan.</b>				
16. a) Who is the lender?		b) What amount and type of collateral is required to secure the loan?		
_____		Amount _____ Type of Collateral _____		
		\$ _____		
c) In addition to repayment of principal and interest, are there other fees, charges or other consideration to be paid?				
<input type="checkbox"/> No <input type="checkbox"/> Yes - give details: _____				
17. Is there, or are you considering entering into, an understanding or agreement providing for any person or entity, other than the Owner and beneficiaries specified in this application, to have any right, title or other legal or beneficial interest in any policy issued on the life of the Proposed Life Insured(s) as a result of this application?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - give details: _____				
18. Have you been offered any money or other considerations by any person or entity in connection with this application?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - give details: _____				

## EXISTING AND PENDING INFORMATION

If more space is required attach additional page that has been signed by the Owner and Proposed Life Insured(s).

19. Does the Owner have any existing life insurance and/or annuity policies?											
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - complete state appropriate replacement forms.											
20. Provide information for each policy in force on the Proposed Life Insured(s) with all companies, including any policy that has been sold, assigned or settled to or with a settlement or viatical company or any other person or entity.											
If 'None', check this box. <input checked="" type="checkbox"/>											
Proposed Life Insured	Company	Insurance		Issue Date Year	To Remain in Force?		1035 Exchange?		Settled or Sold		Face Amount Including Riders
		Personal	Business		Yes	No	Yes	No	Yes	Year	
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$

**EXISTING AND PENDING INFORMATION continued**

21. a) If you are applying for life insurance with any other company, provide the amount of all formal applications and name of the life insurance company. **Do not include informal inquiries.**

Proposed Life Insured	Company	Face Amount Including Riders	Proposed Life Insured	Company	Face Amount Including Riders
<input type="checkbox"/> One <input type="checkbox"/> Two		\$	<input type="checkbox"/> One <input type="checkbox"/> Two		\$
<input type="checkbox"/> One <input type="checkbox"/> Two		\$	<input type="checkbox"/> One <input type="checkbox"/> Two		\$

b) Total formal coverage pending (including this application) you plan to accept.

Life One \$ **250,000** Life Two \$

22. If applying for single life coverage, is there any inforce and applied for coverage on your spouse?

☐ Yes - Total Coverage Amount \$ ☒ No ☐ No spouse

23. Have you ever had an application for life insurance declined, postponed, rated substandard or offered with a reduced face amount?

Life One ☒ No ☐ Yes - give details:

Life Two ☐ No ☐ Yes - give details:

**GENERAL RISK AND LIFESTYLE QUESTIONS - Provide details in Q 32 for 'Yes' answers.**

	Life One	Life Two
24. Do you engage in any regular exercise? (ie walking, treadmill, swimming, aerobics, strength training, cycling, yoga) If <b>'Yes'</b> , give details of type, frequency and length of time in Q 32.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
25. Have you ever used tobacco or nicotine products in any form (including cigarettes, cigars, cigarillos, a pipe, chewing tobacco, nicotine patches or gum)? If <b>'Yes'</b> , give details of type of nicotine product, amount and frequency and date last used in Q 32.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
26. Do you expect to travel outside of the U.S. or Canada, or change your country of residence in the next 2 years? If <b>'Yes'</b> give details of location (city/country), purpose, frequency and duration in Q 32.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
27. a) Have you flown as a student pilot, licensed pilot, or crew member in any aircraft, including ultralight planes in the last 2 years? If <b>'Yes'</b> , complete <b>Aviation Questionnaire NB5009</b> .	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
b) Have you engaged in any form of motor vehicle or power boat racing, sky diving/parachuting, skin or scuba diving, hang-gliding, mountain climbing, or any other hazardous activities in the last 2 years? If <b>'Yes'</b> , complete appropriate <b>Avocation Questionnaire</b> .	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
28. a) Have you been cited for one or more moving violations within the last 2 years?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
b) Have you been cited for driving while intoxicated or while otherwise impaired?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
29. Have you ever been arrested, convicted, or imprisoned for a felony and/or currently awaiting trial for any crime and/or felony? If <b>'Yes'</b> give details of type, date, city/state of felony and/or crime and if currently on probation or parole in Q 32.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
30. Have any of your immediate family members (parents, brothers or sisters) died from coronary artery disease or cancer, prior to age 60?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
31. Are you a member of the armed forces, including the reserves? If <b>'Yes'</b> , complete <b>Military Personnel Financial Services Disclosure Regarding Insurance Products NB5109</b> .	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

32. Details for **'Yes'** answers for questions 24 - 31.

Question No.	Life One	Question No.	Life Two

**INFORMATION REGARDING LAST MEDICAL CONSULTATION****LIFE ONE****LIFE TWO**

33. a) Date of last visit to ANY doctor/physician	Month <b>JAN</b>	Day <b>15</b>	Year <b>2009</b>	34. a) Date of last visit to ANY doctor/physician	Month	Day	Year
b) Reason for and outcome of visit (Diagnosis / Treatment / Medication Prescribed)  <b>ANNUAL CHECK-UP - NONE</b>				b) Reason for and outcome of visit (Diagnosis / Treatment / Medication Prescribed)			
c) Physician Name, Address and Telephone Number <b>ARTHER H. SMITH</b> <b>123 MAIN STREET</b> <b>ANY TOWN, ANYSTATE 12347</b>				c) Physician Name, Address and Telephone Number			
d) Provide Primary Physician name and contact information, if different from 33 c).				d) Provide Primary Physician name and contact information, if different from 34 c).			

**MEDICAL CERTIFICATION**

35. Have you completed a para/medical examination? If <b>'Yes'</b> , complete chart below.				Life One	Life Two
				<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Proposed Life Insured	John Hancock Exam	Other Company's Exam	Name of Other Insurance Company	Date of Examination month year	
<input checked="" type="checkbox"/> One <input type="checkbox"/> Two	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<b>MAY 2010</b>	
<input type="checkbox"/> One <input type="checkbox"/> Two	<input type="checkbox"/>	<input type="checkbox"/>			

36. Have you had any illness, injury, operation or treatment, or has there been any change in your health since the date of the examination? If <b>'Yes'</b> , give details in Additional Information/Special Requests Q 37.	Life One	Life Two
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

**ADDITIONAL INFORMATION/SPECIAL REQUESTS - Attach additional signed page if more space is required.**

37.

**COMPLETE THE FOLLOWING SECTIONS ONLY IF APPLICABLE TO YOUR APPLICATION****BUSINESS INSURANCE - Complete if face amount is under \$1,000,000. For face amounts \$1,000,000 and over complete the Financial Supplement for Business Insurance NB5124.**

38. a) Business Insurance Purpose <input type="checkbox"/> Key Person <input type="checkbox"/> Buy Sell <input type="checkbox"/> Business Loan <input type="checkbox"/> Other					
	Assets	Liabilities	Gross Sales	Net Income	Fair Market Value of the Business
Current Year	\$	\$	\$	\$	\$
Previous Year	\$	\$	\$	\$	\$
b) How was the amount applied for determined?					
c) What percentage of the business is owned by the Proposed Life Insured(s)? %					
d) Are other partners/owners/executives insured or applying for life insurance with any company? <input type="checkbox"/> No <input type="checkbox"/> Yes - give details:					

**JUVENILE INSURANCE - Complete if Proposed Life Insured is under age 18.**

39. a) Are all siblings equally insured? <input type="checkbox"/> No <input type="checkbox"/> Yes If <b>'No'</b> , give details:	b) Amount of life insurance currently in force or pending for	
	Amount	If none, provide reason
	Mother \$	
	Father \$	
	Guardian \$	

**TEMPORARY LIFE INSURANCE AGREEMENT APPLICATION**☒ **Not Applicable****Complete this section only if applying for Temporary Life Insurance and the criteria is met.**Money may NOT be collected and the **Temporary Life Insurance Receipt and Agreement NB5004** may NOT be issued if:

1. questions 40 to 42 are answered '**Yes**' or left blank; or
2. the Proposed Life Insured(s) is under age 20 or over age 70; or
3. the amount applied for is more than \$10,000,000 (single life) or \$15,000,000 (survivorship).

	Life One	Life Two
40. Within the last 24 months, has the Proposed Life Insured(s) under this application: a) consulted a medical professional for, been diagnosed with or been treated for or had treatment recommended by a member of the medical profession, for any heart problem, stroke or cancer? b) received a recommendation from a medical professional for any consultation, testing, investigation or surgery that has not yet been completed? c) been declined for life insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes
41. Other than planned routine check-ups, are there medical concerns or symptoms for which a medical professional has not yet been consulted?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
42. Does the Proposed Life Insured(s) reside outside the United States more than 6 months per year?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

**PRE-AUTHORIZED PAYMENT PLAN - To be completed by Owner**☒ **Not Applicable**43. Request for Pre-Authorized Payment Plan ☐ YesBy selecting '**Yes**', I hereby authorize and request The Company to draw checks (which may include withdrawals made electronically) monthly on my account to pay premiums, and/or repay loans on this policy or any policies subsequently designated.

Checking Account No. \_\_\_\_\_ Routing No. \_\_\_\_\_

I understand and agree that:

- a) Such checks (which may include withdrawals made electronically) shall be drawn monthly to pay premiums falling due on the designated policies.
- b) While the Pre-Authorized Payment Plan is in effect, The Company will not give notices of premiums falling due on such policies.
- c) The Pre-Authorized Payment Plan may be terminated by the bank depositor or by written notice to The Company by the Owner. If the Pre-Authorized Payment plan is terminated, premiums falling due thereafter shall be payable directly to The Company as provided in the policy.
- d) **The first premium paid must be submitted by check.**

**Attach voided sample check.****Attach Voided Check here**

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**READ THE FOLLOWING CAREFULLY AND SIGN BELOW.**

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**DECLARATIONS**

The Proposed Life Insured(s) and Owner (or Parent or Guardian) declare that the statements and answers in this application and any form that is made part of this application are complete and true.

In addition, I understand and agree that:

1. **Policy Application:** The statements and answers in this application, which include any supplemental form relating to health, aviation practices or lifestyle of the Proposed Life Insured(s) will become part of the insurance policy issued as a result of this application.
2. **Policy Effective Date:**
  - a) Any life insurance policy issued as a result of this application will be effective on the later of the date the first premium has been paid in full and the date the policy has been delivered to the Owner, provided that: (i) there has been no change in health or change in the lifestyle of the Proposed Life Insured(s), (ii) there has been no change in the financial circumstances of the Owner or the Proposed Life Insured(s), and (iii) nothing else has occurred that would require a change in any statement or answer in any part of the application, including any supplemental forms, in order to make the statement or answer true and complete as of the date this policy becomes effective. If there has been a change in health: (i) if there is no Temporary Life Insurance Agreement (TIA) coverage, the policy will not be put into effect, and (ii) if there is TIA coverage and the TIA has not ended, the policy will be put into effect but only to the limit of the TIA coverage amount.
  - b) If premiums are paid prior to delivery of the policy and the terms and conditions of the TIA are satisfied, insurance prior to the effective date shall be provided under the TIA and according to its terms.
3. **Employer Owned Policies:** The Proposed Life Insured(s) confirms that they have received, prior to issue, written notice that indicates: a) the employer's intent to insure the Proposed Life Insured(s), (b) the maximum amount of the insurance to be issued on the life of the Proposed Life Insured(s) and c) that the employer will be the beneficiary of the new policy. The Proposed Life Insured(s) also confirms that they have provided written consent to being insured and that such coverage may continue after employment terminates.
4. **Fraud Warning:** Any person who knowingly and with intent to defraud any insurer: a) files an application for insurance or statement of claim containing any materially false information, or b) conceals for the purpose of misleading any insurer, information concerning any material fact thereto, may be committing a fraudulent insurance act.
5. **Variable Policies:** I/We acknowledge receipt of the current prospectuses and supplements that describe the variable life insurance policy applied for and the sub-accounts of the separate account that are available under this policy. I/We have reviewed the prospectuses and supplements and believe that the variable life policy is consistent with my/our insurance needs, investment objectives and investment risk tolerance.
6. **Temporary Insurance Coverage:** If coverage under a TIA is applied for, I have received, read and understand the terms and conditions of the **Temporary Life Insurance Receipt and Agreement NB5004.**

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**AUTHORIZATION TO OBTAIN INFORMATION**

I/We, the Proposed Life Insured(s), authorize:

1. The Company to obtain consumer reports including but not limited to motor vehicle records and investigative consumer reports on me/us.
2. Any medical professional, medical care provider, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, insurance company, the MIB, Inc. or any other similar person or organization to give The Company and its reinsurers information about me/us or any minor child/children who are to be insured. The information collected by The Company may relate to the symptoms, examination, diagnosis, treatment or prognosis of any physical or mental condition.
3. Any financial professional, CPA, attorney, personal banker or any other similar person or organization to give The Company and its reinsurers financial/net worth information about me/us.

I/We authorize The Company to disclose such information and any information developed during its evaluation of my/our application to: (a) its reinsurers; (b) the MIB, Inc.; (c) other insurance companies as designated by me/us; (d) me/us; (e) my/our insurance agent, when that agent is seeking insurance coverage through The Company on my/our behalf; (f) any medical professional designated by me/us; or (g) any person or entity entitled to receive such information by law or as I/we may further consent.

I/We acknowledge receipt of the Notice of Disclosure of Information relating to the underwriting process, investigative consumer reports and the MIB, Inc. This authorization will be valid for two years from the date shown below. A photocopy of this authorization will be as valid as the original.

Information collected under this authorization will be used by The Company to evaluate my/our application for insurance, to evaluate a claim for benefits, or for reinsurance or other insurance purposes.

I am/We are entitled, or my/our authorized representative is entitled, to a copy of this authorization.

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**SIGNATURES - If Proposed Life Insured(s) is under age 15, Parent or Guardian must sign and include relationship.****X**

Signature of Owner (Provide title or corporate seal, if Signing Officer)

Owner - Signed at      City      State      This      Day of      Year

**X**

Signature of Proposed Life Insured One if other than Owner (Parent or Guardian if under age 15)

**X**

Signature of Proposed Life Insured Two if other than Owner

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**AGENT SIGNATURE**

I certify that all the information supplied by the Proposed Life Insured(s) and Owner has truly and accurately been recorded on the application.

**X**

Signature of Agent/Registered Representative

Date



LIFE INSURANCE

Service Office:  
Life New Business  
197 Clarendon Street  
Boston MA 02116-5010

**Coverage Details****John Hancock Life Insurance Company (U.S.A.)**

(hereinafter referred to as The Company)

This form is part of the Application for Life Insurance for the Proposed Life Insured(s).  
Print and use black ink. Any changes must be initialed by the Proposed Life Insured(s) and/or Owner(s).

**PROPOSED LIFE INSURED LIFE ONE**

1. Name **JOHN M DOE**  
First Middle Last

**LIFE TWO**

2. Name \_\_\_\_\_  
First Middle Last

**OWNER(S)** - Complete information only if Owner(s) is other than Proposed Life Insured.

3. Name of Owner(s) \_\_\_\_\_

**COVERAGE DETAILS - Refer to your illustration for riders and benefits selected**

4. **PRODUCT NAME** **JH UNIVERSAL LIFE**

**5. FLEXIBLE PREMIUM PRODUCTS**

☒ **Universal Life** ☐ **Variable Universal Life** - complete **Fund Allocation NB5136**

a) ☒ Single Life ☐ Survivorship

b) Base Face Amount \$ **250,000** Supplemental Face Amount \$ \_\_\_\_\_  
☐ Level ☐ Increasing by: \_\_\_\_\_ % for \_\_\_\_\_ Years  
☐ Customized Increasing Schedule - complete **Customized Schedule NB5064**

c) Death Benefit Option ☐ Option 1 (Face Amount/TFA) ☐ Option 2 (Face Amount/TFA plus Policy Value)

d) Life Insurance Qualification Test ☐ Guideline Premium ☐ Cash Value Accumulation

e) Riders and Benefits (if applicable)

- ☒ Policy Protection Rider (PPR) ☐ PPR Flex ☐ PPR Quick ☐ PPR Enhanced ☐ PPR Cash Value Advantage
- ☐ Extended No Lapse Guarantee ☐ Long-Term Care Rider (complete **NB5018**)
- ☐ Return of Premium Rider (DB 1 only) ☐ Long-Term Care Continuation Rider
- Percentage of premiums to be returned at death ☐ Disability Waiver of Monthly Deductions
- (Whole numbers only. Maximum 100%) \_\_\_\_\_ % ☐ Disability Payment of Specified Premium
- ☐ Overloan Protection Rider Monthly Specified Amount \$ \_\_\_\_\_
- ☐ Cash Value Enhancement ☐ Estate Preservation Rider (Four Year Term)
- ☐ Accelerated Death Benefit (for terminal illness) ☐ Policy Split Option
- ☐ Other \_\_\_\_\_

**6. FIXED PREMIUM PRODUCTS**

☐ **Whole Life** ☐ **Term 10** ☐ **Term 15** ☐ **Term 20** ☐ **Survivorship Term**

a) Face Amount \$ \_\_\_\_\_

b) Whole Life Pay Options ☐ Full - Pay ☐ Limited - Pay ☐ 10 - Pay ☐ 15 - Pay ☐ 20 - Pay ☐ Single - Pay

c) Riders and Benefits (if applicable)

- ☐ Total Disability Waiver ☐ Conversion Extension Rider (T15 & T20 only)
- ☐ Accelerated Death Benefit (For terminal illness) ☐ Automatic Premium Loan (if available)
- ☐ Long-Term Care Rider (complete **NB5018**) ☐ Other \_\_\_\_\_
- ☐ Long-Term Care Continuation Rider

7. If an additional or optional policy is being applied for by the Owner in a separate application, state plan and face amount.

Plan Name \_\_\_\_\_ \$ \_\_\_\_\_

**SIGNATURES - If Proposed Life Insured(s) is under age 15, Parent or Guardian must sign and include relationship.****X**

Signature of Owner (Provide title or corporate seal, if Signing Officer)

Owner - Signed at \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ This \_\_\_\_\_ Day of \_\_\_\_\_ Year \_\_\_\_\_

**X**

Signature of Proposed Life Insured One if other than Owner (Parent or Guardian if under age 15)

**X**

Signature of Proposed Life Insured Two if other than Owner

**X**

Signature of Agent/Registered Representative \_\_\_\_\_ Date \_\_\_\_\_

SERFF Tracking Number: MANU-126736915 State: Arkansas  
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 46342  
Company Tracking Number: NB5000USR (06/2010)& NB5139US (06/2010)  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: NB5000USR (06/2010)& NB5139US (06/2010)  
Project Name/Number: NB5000USR (06/2010)& NB5139US (06/2010)/NB5000USR (06/2010)& NB5139US (06/2010)

## Supporting Document Schedules

		Item Status:	Status Date:
<b>Satisfied - Item:</b>	Flesch Certification		
<b>Comments:</b>			
<b>Attachment:</b>			
flesch ar.pdf			
		Item Status:	Status Date:
<b>Satisfied - Item:</b>	Statement of Variability		
<b>Comments:</b>			
<b>Attachment:</b>			
SOV - USR.pdf			



**JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)**

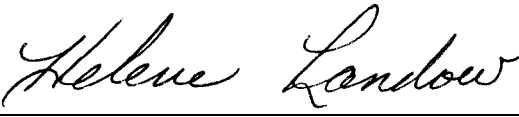
**FLESCH SCORE CERTIFICATE**

**FOR THE STATE OF ARKANSAS**

I, Helene Landow, an officer of JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.), hereby certify that the forms listed below have the following readability scores as calculated by the Flesch Reading Ease Test, and that these forms meet the requirements of your readability legislation.

<b>FORM NUMBER</b>	<b>READABILITY SCORE</b>
NB5000USR (06/2010)	40
NB5139US (06/2010)	54

July 28, 2010  
Date

  
\_\_\_\_\_  
Helene Landow, FLMI, ACP  
Director, Contracts and Compliance

**JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)**

**STATEMENT OF VARIABILITY**

**July 28, 2010**

**FORM NB500USR (06/2010)      - Application for Life Insurance**  
**FORM NB5139US (06/2010)      - Coverage Details**

**Application for Life Insurance - Form NB5000USR (06/2010)**

<b>Section/Section #</b>	<b>Page Number</b>	<b>Description</b>
Service Office at top of page	Page 1	The address of the Company's Service Office is bracketed as it may be changed in the future. A current Service Office address will always appear on the form.
Coverage Details/ #9, Flexible Premium Products	Page 2	The Flexible Premium Products selections are bracketed to accommodate future changes. Product/Plan selection, Base Face Amount, Level Supplemental Face Amount, Death Benefit Option, Life Insurance Qualification Test, Riders and Benefits (if applicable) all vary based on issue specifications/availability at time of application. Current selections will always appear on the form.
Coverage Details/ #10, Fixed Premium Products	Page 2	The Fixed Premium Products selections are bracketed to accommodate future changes. Product/Pan selection, Face Amount, Whole Life Pay Options, Riders and Benefits all vary based on issue specifications/availability at time of application. Current selections will always appear on the form.

**Coverage Details - Form NB5139US (06/2010)**

<b>Section/Section #</b>	<b>Page Number</b>	<b>Description</b>
Service Office at top of page	Page 1	The address of the Company's Service Office is bracketed as it may be changed in the future. A current Service Office address will always appear on the form.
Coverage Details/ #5, Flexible Premium Products	Page 1	The Flexible Premium Products selections are bracketed to accommodate future changes. Product/Plan selection, Base Face Amount, Level Supplemental Face Amount, Death Benefit Option, Life Insurance Qualification Test, Riders and Benefits (if applicable) all vary based on issue specifications/availability at time of application. Current selections will always appear on the form.
Coverage Details/ #6, Fixed Premium Products	Page 1	The Fixed Premium Products selections are bracketed to accommodate future changes. Product/Pan selection, Face Amount, Whole Life Pay Options, Riders and Benefits all vary based on issue specifications/availability at time of application. Current selections will always appear on the form.